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New and Recent Publications
Reaffirming their support for women’s rights, parliamentarians from 14 countries in East and South-East Asia and the Pacific issued clarion calls for the elimination of violence against women so that sustainable and equitable national and regional development can be achieved.

The parliamentarians were gathered at the Intercountry Workshop on Parliamentary Advocacy for the Elimination of Violence against Women, held in Bangkok on 19-21 June. They stressed that sexual abuse and violence against women are the root causes of their psychological and physical disempowerment. The parliamentarians acknowledged their duty to harmonise differences that are not consistent with the universal principles of human rights. They stressed that global efforts to promote women’s rights should place the highest priority on five main areas: increasing public awareness, enactment of effective legislation and its effective enforcement, monitoring and evaluation, and regional collaboration and coordination to enhance capacities for legal reform and monitoring within an integrated human rights and gender equity framework.

Public awareness campaigns should include government-sponsored public education programmes involving the media and high profile personalities. NGOs, religious institutions, the private sector, the civil society and the media should be encouraged to advocate and raise awareness on issues regarding violence against women.

There is a need to review pertinent national legislation against international standards concerning domestic violence, sexual assault, including rape and child sexual abuse, sexual harassment, treatment of refugees, trafficking of women or children, treatment during armed conflict, and treatment within institutions (e.g. mental institutions, detention centres and prisons).

The empowerment of women, particularly through public education programmes and formal education curricula from preschool to university, offers the best chance for women to enhance their role and status in society.

Findings from the monitoring and evaluation of the impact of legislation and education will provide evidence of the effectiveness of laws and policies, observance of the judicial process, and the responsiveness of communication strategies, education programmes, and service delivery programmes. These should be widely publicised to achieve maximum benefit.

**How to eliminate violence against women**

- Mobilise adequate resources from the national budget to implement and monitor programmes that promote women’s rights,
- Carry out a legislative review and reform of legal systems to ensure the relevance of laws and the responsiveness of their implementation,
- Regulate existing laws by specifying responsibilities, tasks and resources through concrete programmes and services and public outreach, and
- Strengthen coordination among concerned agencies to maximise their impact and improve intersectoral and complementary initiatives.
The promotion of innovative uses of local radio programmes, websites and newspaper columns, in support of adolescent sexual and reproductive health, was a key recommendation at a workshop held by the Japanese Organisation for International Cooperation in Family Planning (JOICFP) in Oyama City, Tochigi Prefecture, Japan. Another important recommendation was continued involvement of youth leaders in project planning, management, monitoring and evaluation.

The workshop was a JOICFP activity under two component projects of the RH Sub-Programme of the UNFPA Regional Programme for 2000-2003. The two components are as follows: i) increased understanding of sexual and reproductive health behaviour among the youth and development of viable adolescent RH programme modalities, and ii) strengthened capacities of national institutions to train personnel and carry out RH advocacy and IEC activities.

Based on results of needs assessment surveys in Nepal, Malaysia and Sri Lanka, model strategies to implement the regional project were developed and supporting activities were identified. These address the needs of unmarried youth aged 14 to 25. The model strategies will be tried out from September 2001 to June 2002. If successful, their replication in other countries will be duly considered.

Representatives from India, Indonesia and South Korea shared experiences in developing and implementing innovative community-based ASRH strategies and programmes. Workshop participants were exposed to the novel Japanese concept of “toshiken”, a networking of community-based associations that share common community problems, such as the high rate of abortion and RTI among adolescents in Oyama City.

Resource persons from IPPF and CST Bangkok/Kathmandu joined workshop participants, comprising those responsible for implementing ARH programmes and strategies, youth managers below 29 years of age who play key roles in managing the model strategy under the JOICFP regional project, and youth representatives under 20 years of age who belong to youth committees of family planning associations. U-Com, a Japanese youth club took part in some sessions.

Credit to Mr. Francisco Roque,
Specialist in Adolescent Reproductive Health and Education,
UNFPA Country Technical Services Team

Current and emerging social and economic crises have contributed to the need for innovative approaches to sex education and research. These approaches involve the revision of relevant curricula, modifications in various health care systems and improvements in disease prevention programmes.

The Institute for Population and Social Research at Mahidol University Salaya in Phutthamonthon, Nakhon Pathom Province, Thailand, will be the venue for the Workshop in Innovative Sex Education, to be held on 19 November to 14 December.

The workshop will offer opportunities for the sharing and exchange of knowledge and experiences in innovative sex education, with consideration given to cultural differences. It will adopt a multi-model approach incorporating lecture discussions and group work in the design, implementation and monitoring of alternative interventions for different groups. Case studies from various countries will be presented to provide useful lessons and exemplary models for sex education strategies.

The workshop is designed around four major steps in designing and developing innovative sex education programmes: problem/need identification, strategy identification and design, programme delivery and monitoring and evaluation.

Credit: Institute for Population and Social Research (IPSRI), Mahidol University, Salaya, Nakhon Pathom

Desensitising adolescents on the use of condoms.
ARH packages designed to provide lessons for teaching life skills

The first of three information packages on adolescent reproductive and sexual health has been released by the UNESCO Regional Clearing House on Population Education and Communication. Through its repackaging strategy, which entails the review, analysis and selection of the most useful and relevant information and presenting them in more readable language and more appealing formats, the UNESCO Regional Clearing House promotes users’ access to a wealth of materials that might have gone unnoticed because they are highly technical, poorly presented, and insufficiently publicised, to cite some drawbacks.

The first package presents lessons and curriculum materials that support the development of life skills that will guide adolescents as they grow into maturity, covering the different stages of life including reproductive health and positive and adaptive behaviour. The lessons and curriculum materials also equip teachers and trainers with adequate theoretical and practical knowledge of how to impart life skills to the youth.

The six sections in the first package are as follows:

Section I – Self-awareness, assertiveness and negotiating

The six lessons in this section guide adolescents against negative influences by building their self-esteem, self-image, and self-confidence. They broaden their self-knowledge, leading them to self-discovery and a deeper appreciation of their values and personal growth. Working in learning groups, the students plot the impact of external events on a person’s self-esteem and how this should be handled to maximum advantage. Distinct differences are established between assertiveness and aggressiveness as human qualities and passivity and mature behaviour.

Section II – Communication

The eight lessons in this section deal with core aspects of verbal, non-verbal and written communication, particularly the need to convey clear messages, as well as to listen, respond and learn from them.

Section III – Decision-making

Of the five lessons in this section, two deal with steps that feature in decision-making and the means to evaluate and analyse the ensuing results of the decisions taken. Challenging exercises in the context

Section IV – Values clarification

In six lessons, this section defines values and their origins. These include values that are personal, familial, spiritual and
Satisfying ASRH needs through existing and future reproductive health services

Young people in the Asia-Pacific region are not exempt from global concerns affecting adolescent sexual and reproductive health (ASRH). As with their peers from other parts of the world, the region’s young people stand to benefit from the promotion of responsible and healthy reproductive and sexual behaviour.

Insights into ASRH

In a paper presented at the Third Asia-Pacific Intergovernmental Meeting on Human Resources Development for Youth, held in Bangkok on 4-8 June, Mr. Francisco Roque and Mr. Bhakta B. Gubhaju shared insights into current ASRH situations in the Asia-Pacific Region.

In its first section, the paper analyses demographic implications of adolescent sexual and reproductive health. This is followed by discussions of factors that influence their sexual behaviour, as well as their knowledge and use of contraceptives. The third section examines ASRH policy issues, while the fourth section contains conclusions and policy recommendations for addressing ASRH needs.

Factors leading to risky behaviour

The paper cites four main factors that trigger risky reproductive health behaviour among youth in general. These are their limited access to information, peer pressure, poor access to youth-friendly health services, and economic constraints that may motivate some young people to engage in sex for monetary gain, or, in the case of others, bar them from obtaining medical help or buying contraceptives.

Specific factors that affect the sexual behaviour of young girls include their inadequate knowledge of contraceptives and their poor leverage to oppose sexual advances. Young men, on the other hand, are driven to sex largely for pleasure and out of peer pressure and curiosity. Their general lack of a sense of responsibility over their sexual behaviour is proving to be a serious barrier to improving adolescent sexual and reproductive health.

ASRH: a major thrust

From the status of a “non-issue” for two decades (1976-1995), ASRH has become a major thrust of the UNFPA.

The number of countries that implement population education with UNFPA support grew from eight countries in 1981 to 21 during the first half of 1995, while projects dealing with adolescents and youth increased from eight to 25 during the same period. These reflect changing attitudes of governments, many of which now recognise the importance of adolescent reproductive health.

To further strengthen the governments’ resolve, the paper recommends the following support measures and initiatives: promoting youth participation, strengthening data collection systems, promoting gender equality and lifeskills development among the youth, improving young people’s access to information, providing quality-gender sensitive services, sensitisation of adults, and promotion of partnership modalities in programmes and multi-sectoral collaborations.

Credit: Mr. Francisco Roque, Specialist in Adolescent Reproductive Health and Education, UNFPA Country Support Team for East and South-East Asia, and Mr. Bhakta B. Gubhaju, Population Affairs Officer, ESCAP Population and Rural Development Division

Section V – Goal setting and career planning

Of the three lessons in this section, the first two define the nature of goals and the importance of goal-setting in adolescent life planning. Short-term and long-term goals are differentiated. Exercises in setting goals, formulating mission statements and exploring personal and vocational life goals are provided. The meaning of career planning and the importance of developing career directions suited to individual interests and aptitudes are carefully explained.
Government takes centre stage in World Population Day celebrations

World Population Day was observed on 11 July under the theme, Population, Development and Environment, symbolising greater commitment by the Cambodian Government, NGOs and United Nations agencies to promote public awareness of reproductive health and population issues.

Two main events were organised by the UNFPA Office in Cambodia, in close collaboration with the Ministry of Rural Development, the Ministry of Health, the Ministry of Planning, and other government bodies as well as 15 NGO partners.

July 5 celebrations

At a press conference on 5 July, high-ranking government officials gave short presentations on four main topics. Reproductive health and rights was addressed by H.E. Mr. Mam Bun Heng, Secretary of State of the Ministry of Health. H.E. Mr. Lay Prohas, Secretary of State of the Ministry of Planning, spoke on the topic, Rapid population growth and poverty. Empowering the rural population as a means to reduce poverty was presented by H.E. Mr. Sous Kong, Under-secretary of State of the Ministry of Rural Development. Empowering women to promote socio-economic development was discussed by Ms. Ros Sopheap, Executive Director, Gender and Development for Cambodia, an NGO.

Following the press conference, an art performance portraying HIV/AIDS prevention, family planning and other reproductive health issues was presented by peer educators from Friends, an NGO. A reception was held for government officials, members of the Diplomatic Corps, and representatives from the United Nations, NGOs and the media.

July 8 caravan

On 8 July, a day-long convoy was arranged in close cooperation with 15 NGO partners for RHI programmes and government institutions. The convoy departed from Veal Main (near the Royal Palace) for Takhmau, south of Phnom Penh, where songs and dances were performed by peer educators from Friends. The caravan proceeded to Tunle Bati, a tourist zone in Takeo Province, where a musical and drama performance as well as games and a quiz show on population and reproductive health were held by RHI NGOs.

Dr. Chea Samnang, UNFPA Goodwill Ambassador, delivered messages from the UNFPA Executive Director.
Other activities

Other activities were UNFPA's annual poster contest which received 100 entries from participants ranging in age from 6 to 25 and hailing from remote provinces and municipalities. Three winners were selected for each of the five age groups, with each winner receiving a tape recorder as prize. Every contestant received a World Population Day T-shirt.

As IEC materials for advocacy, the UNFPA Office produced a poster in Khmer on population, development and environment, T-shirts and other information products, including the Briefing Kit 2001 in Khmer, which were distributed to government institutions, UN agencies, NGOs and the media.

A press information pack, including a statement from the Executive Director and background information on population issues, was circulated to the local and international press.

The event was covered on TVK’s Khmer language news programme and in the mass media, namely Reaksmei Kampuchea and Samleng Youvachun.

Contributed by Mr. Khieu Vicheanon, National Programme Assistant, UNFPA, Phnom Penh, Cambodia
**CHINA**

**Off the press: ARH Directory of China**

Adolescent reproductive health activities undertaken by organisations in China are documented in a recent publication, *Inventory of Organisations Involved in Adolescent Sexual Health in China*.

The directory was compiled by Ms. Kate Mills, Country Representative of Marie Stopes International – China, with funding provided by the China Family Planning Association (CFPA).

The directory outlines ARH activities carried out by government offices, NGOs and social organisations in China. It also documents several Chinese organisations that demonstrate a strong potential to play more active roles in this field. A profile of each organisation is provided with regard to its specific ARH activities and publications. Also made available are contact details including e-mail addresses of key persons and the website of each organisation, if any.

*Contributed by Ms. Kate Mills, UNFPA, Beijing*

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**INDIA**

**Help is but a phone call away**

More and more adolescents in India are resorting to telephone counselling to obtain advice concerning sexuality, sexual behaviour, HIV/AIDS and related topics.

Telephonic counselling is one of the counselling strategies supported by UNFPA in collaboration with the University Grants Commission (UGC).

To share their experiences in telephone counselling and promote networking between educational institutions and NGOs, a national consultation was organised on 1 February among representatives from the UGC, through which 17 Population Education Resource Centres (PERCs) are providing telephone counselling, the National AIDS Control Organisation (NACO) which offers HIV/AIDS telephone counselling, the Ministry of Health and Family Welfare and NGOs.

The consultation provided evidence of the unmet need of young people for counselling. The need to improve women’s access to telephone counselling services was highlighted.

The participants discussed their experiences and documented issues related to the management and quality of telephone counselling, access to it for both men and women, and the use of database in planning interventions. They proposed the following recommendations to strengthen the capacity of PERCs and other organisations in providing telephone counselling.

- A needs assessment should be done to plan and improve telephone counselling in urban/rural areas and slums.
- Publicity, including advertising, should be optimised so as to reach potential clients and ensure maximum utilisation of the service.
- Documenting best practices can help agencies to learn from one another.
- Guidelines can help new PERCs to monitor their activities more effectively.
- Linkages between PERCs and relevant NGOs should be strengthened.
- Female callers should be encouraged to avail themselves of telephone counselling.
- Research should be based on callers’ feedback and on an evaluation of telephone counselling.
- Motivation of counsellors, many of whom are volunteers from the university sector, should be strengthened.
- Services should be expanded, where possible, within reasonable budgetary limits.
- Trained counsellors from the universities should be tapped to help in the school sector.

These recommendations reflect the fact that telephone counselling requires even greater skills than face-to-face counselling. Experience shows that both medical as well as non-medical persons can be effective telephone counsellors if they have the desired motivation, good training, appropriate infrastructure and institutional support.

*Contributed by Ms. Mridula Seth, UNFPA Technical Adviser, New Delhi*
Status and needs of adolescent girls: a research agenda for a study in Andra Pradesh

In India, adolescent education is gaining ground and has become an important component of the school curriculum and a significant topic for research. One such research focuses on the educational and social status of adolescent girls in the poverty-stricken district of Mahabubnagar in Andhra Pradesh and the consequent need for IEC intervention. The study has been approved by the University Grants Commission in New Delhi. It seeks to achieve the following objectives:

(i) identification of the educational, social, health, nutritional, psychological, and emotional problems and living conditions of girls aged 10-19 years;
(ii) measurement of the knowledge and awareness of girls aged 13-17 years concerning problems associated with adolescence and reproductive health;
(iii) development of suitable IEC modules;
(iv) provision of training programmes using IEC modules in non-formal settings during holidays;
(v) measurement of the impact of IEC interventions; and
(vi) arrangement of monitoring, counselling and interviews.

The study is being carried out in different stages. The first stage, a survey of adolescent girls from some 10,000 households in about 200 villages, touches on school status, drop-outs, child labour, menarche and marriage, and related topics. The second stage is an awareness test involving 2,000 adolescent girls (1,000 in-school and 1,000 out-of-school) concerning family planning, welfare, reproductive health, HIV/AIDS, and so on. The third stage includes training programmes and IEC interventions targeting 1,000 girls (500 in-school and 500 out-of-school) at 40 selected centres, during holidays for a period of six months. The final stage covers feedback, interviews, counselling and monitoring of the behaviour of some 300 in-school and out-of-school girls.

Contributed by Prof. S. Sreehara Swamy, President of the Society for Population Activities, Andhra Pradesh, India

Peer educators function as agents of change

Expanding its scope of reproductive health services, the National Population and Family Development Board (NPFDB) has incorporated adolescent sexual and reproductive health (ASRH) in its programme of activities. This had led to positive changes in ASRH care, including the training of some 214 peer educators in NPFDB’s Peer Educators’ Project and the project’s introduction in the States of Penang, Kedah and Kelantan.

The Peer Educators’ Project began in January 2000 following a workshop cum training programme, Strengthening the Leadership Capability of Adolescent Reproductive Health Programme Managers and Youth Leaders in Asia. It was held in Kuala Lumpur in 1999 and organised by the International Council on Management of Population Programme (ICOMP).

As its main objective, the Peer Educators’ Project seeks to institutionalise family life education for adolescents in the Specialist Human Reproductive Centre in Kuala Lumpur, with emphasis on reproductive health and sexuality.

The project’s main activities are peer educators’ training, clinic-based educational programmes and outreach programmes.

Peer training activities equip participants with ASRH knowledge and skills that will enable them to function as peer educators. The training programme emphasises technical aspects and issues pertinent to ASRH, counselling techniques and communication skills. Peer educators carry out educational activities in the peer counselling room, where various information on sexuality and healthy lifestyles are discussed. Clinic-based activities are currently being expanded, providing them bigger space and better facilities for the adolescent clients.

Different types of outreach programmes have proved to be popular and have been well received. Other activities include talks on ASRH issues, drug abuse and prevention of STDs, HIV/AIDS, as well as an ASRH exhibition and peer counselling.

Credit: Director General, National Population and Family Development Board
The results of a two-month campaign, New Millennium Campaign Against AIDS, continue to benefit government efforts to improve awareness of AIDS/STI prevention among the Mongolian public. It has helped to increase funding for AIDS/STI prevention activities through advocacy targeted at decision makers. It has also strengthened the effectiveness of STI diagnosis and treatment.

The campaign was initiated by the National AIDS Committee under the chairmanship of H.E. Mr. N. Enkhbayar, the Prime Minister of Mongolia. It was carried out from 1 May to 15 July.

As part of the campaign efforts, an AIDS/STI Prevention Committee in the Ministry of Health was organised among representatives of the National Centre for Health Development (NCHD), the STD Reference Centre, the City Health Office, and NGOs. The Mongolian Government and international donor agencies, including WHO and UNICEF, funded a series of campaign activities.

Opening activities

Ushering the activities were a press conference on 1 May which was opened by Dr. Robert Hagan, WHO Representative, and Dr. N. Udval, Vice Minister of the Ministry of Health.

The Mongolian Prime Minister’s speech, which was delivered at the Technical University, highlighted the importance of AIDS/STI prevention and awareness among Mongolian youth and adolescents. Major newspapers carried the Prime Minister’s message.

IEC campaign

The NCHD led and coordinated the IEC campaign which received strong support and participation from NGOs working with commercial sex workers, alcoholics, and homeless teenagers. Many were encouraged to undergo voluntary testing for HIV/STI and were given free treatment. The NCHD also published reproductive health newsletters and prepared radio and TV programmes on AIDS/STI prevention for the general public and specific target groups. Other IEC activities included the distribution of IEC materials on AIDS/STI prevention and information, including booklets, brochures and leaflets, to university and secondary school students, and the playing of appropriate music on audio-cassettes in major markets and public transportation vehicles. IEC materials were also distributed to passengers and shoppers and stall owners in the markets.

Throughout the two-month period, publicity was provided by radio and television companies.

Especially targeted IEC materials were distributed and free testing and treatment provided in areas where STDs were prevalent.

New momentum

The campaign’s encouraging results have given a new momentum to government efforts, with the most notable results reflected in the popularity of voluntary testing among high risk population groups; better targeting of high risk groups by extending the daily working hours for health and counselling services and making these available on weekends; providing free treatment for those found to be STD positive following voluntary testing; increasing number of clinic visits due to pre- and post-test counselling; broader knowledge among the target population of how to minimise health risks; and mobilisation by NGOs of their internal resources and initiatives.

Contributed by Dr. Ch.Oyun, RH Officer, National Centre for Health Development (NCHD)
Concern rises over high incidence of unwanted pregnancies and abortions

In Mongolia, the incidence of unwanted pregnancies and abortions remains high despite legalisation of contraceptives in 1989, introduction of a family planning programme within the maternal and child health programme, and adoption of UNFPA’s reproductive health (RH) approach.

A UNFPA-funded report, *Unwanted Pregnancies and Abortions in Mongolia*, provides a wide range of information and statistics collected over the past 15 years on the subject. It was authored by Dr. B. Bulgachimeg and Dr. Ch. Oyun with major contributions from Ms. Linda Demers, UNFPA Representative, and Ms. S. Navchaa, UNFPA Programme Officer. The report is part of a research paper produced by the National Centre for Health Development (NCHD) as a first step in the Ministry of Health’s efforts to undertake policy and programme decisions to reduce unwanted pregnancies and abortions in Mongolia. The research paper provides a basis for a qualitative survey to be conducted in the next few months by the Ministry of Health.

Abortion levels and trends

The study analyses and defines abortion levels and trends as well as the social and economic characteristics of women who undergo abortions. It also identifies gaps in available information and offers relevant recommendations. Difficulties encountered in the course of the study reflect current setbacks to government efforts. Among these are the lack of studies on abortions and unwanted pregnancies, limited usefulness of official statistics and difficulty in processing them, unreliability of some data (e.g. miscarriages were not reported in official statistics), and inconsistencies between research findings and health statistics and in statistics on abortions from different sources.

Survey findings

According to a 1996 survey among 405 Mongolian women, the main reasons for abortion were personal health (19.9%), desire for few children (17.8%), desire to work or continue studies (11.4%), short period between child births (11.1%), and poor knowledge of proper contraceptive methods.

The 1996 Demographic Survey showed that over a third (35.9%) of women who underwent abortion did not want any more children, some wanted to have longer periods between childbirths (30.9%), others were too weak to bear another child (30.5%), and a few wanted to study (1.6%) and felt their living standards were low (1.2%).

A 1998 survey on unwanted pregnancies revealed that about 19% of Mongolian women, or one out of five, have had an unwanted pregnancy. The percentage increased with age, reaching 30% among women aged 35 to 49 compared with 5.2% among women under the age of 20. The mean age when a woman experienced unwanted pregnancy was about 28.7 years.

Unwanted pregnancies were more common among women with higher education or vocational training (27.1%) compared to women who did not complete secondary education (12.6%). About 45% of reported unwanted pregnancies happened five or more years ago, compared to 14% in the past year.

Serving as a guide

The study serves as a guide to a UNFPA-funded on-going research on unwanted pregnancies and abortions among adolescents. Among its recommendations are improvements in data collection, adoption of measures to reduce unwanted pregnancies and abortions and their associated risks, systematic and continuous monitoring of relevant statistics, and further research on the causes and methods of abortions and the failure of contraceptives.

The study also recommends strengthening of family planning services, improving logistics and management systems to ensure timely and adequate supply of contraceptives, provision of more and improved counselling for all women (especially post-abortion counselling), and production of effective IEC materials.

**Contributed by Dr. B. Bulgachimeg and Dr. Ch. Oyun, National Centre for Health Development (NCHD)**
**Jigyasa conveys RH message to Nepalese adolescents**

“From this newsletter, we could learn those things that we could not learn by asking our parents.”

**Girls, 14-16, Lalitpur**

“I felt shy at the first sight of the illustration on changes during adolescence. Out of curiosity, I went to the maize field to read the newsletter in private. Once I read the whole newsletter, I liked it very much.”

**Boy, 17, Dang**

“This is appropriate as it has illustrations. We are able to understand when someone reads this for us.”

**Illiterate boys, 12-16, Bungmati, Lalitpur**

“It is appropriate because it gives information about the advantage of not marrying at an early age. It also gives information on abstinence, AIDS, STDs and pregnancy.”

**Semi-literate girls 12-16, Kirtipur**

Jigyasa, a newsletter produced by the EC/UNFPA-funded Reproductive Health Initiative (RHI) in Nepal, is successfully reaching out to Nepalese adolescents, bringing them important reproductive health messages. Three issues of the newsletter were published last year. Jigyasa means curiosity in Nepali.

Both pre- and post-tests of the first issue, concerning the newsletter’s layout design and editorial content, were conducted using participatory research techniques. Feedback from its adolescent readers (literate and illiterate), parents and other stakeholders in the RHI projects, including NGOs, provided the basis for improvements in subsequent issues.

By and large the newsletter has received positive reactions. It was commended by its adolescent readers for its timely provision of correct information. Parents, on the other hand, claimed that the newsletter has enhanced their understanding of health problems and the concerns of their adolescent children. Teachers said that it has helped them explain sensitive issues to their pupils.

Peer educators use the newsletter at peer group meetings and other gatherings to explain health and development problems and needs. Various organisations are known to use the newsletter in their training and awareness raising programmes.

Jigyasa contains an interesting mix of informative articles, comic stories, serialised stories and brainteasers, making it appealing to all readers. The newsletter also serves as a forum for the exchange of views regarding sexual and reproductive health and related issues.

RHI Nepal is currently exploring other resources to support the newsletter’s continued publication beyond the RHI programme.

For further information, please contact the RHI Umbrella Project Office in Nepal.

E-mail: rhinepal@rhi.mos.com.np
Fax: 00977 1 535982.

Contributed by Pragya Shah and Nicolet Hutter, EC/UNFPA RHI Umbrella Project for Nepal (KIT), Kathmandu, Nepal
The view from within – an intimate look at the lives of Pakistani adolescents

Until recently, little was known about the circumstances of adolescents in Pakistan. Of late, however, fresh insights into the lives of young Pakistanis are becoming public knowledge.

A publication that is making its mark is Adolescent Girls and Boys in Pakistan: Opportunities and Constraints in the Transition to Adulthood, written by Ms. Valerie Durrant during her term as a Population Council Berelson Fellow. Ms. Durrant bases her analysis on data culled from earlier surveys and studies done in Pakistan. Specifically, her sources are two rounds of the Pakistan Integrated Household Survey in 1991 and 1995-96. Although these surveys did not focus on adolescents, they proved to be a rich source of data about young people’s living arrangements, health, education, work, marriage and childbearing.

The need to cultivate human potential

Nearly 30 million people in Pakistan are between the ages of 10 and 19 years – the largest group of adolescents in the country’s history. Unfortunately, they also represent a significant loss of human potential. As Ms. Durrant points out, 45% of adolescent girls are not in school, not engaged in economically productive work, and not married. Up to 13% of boys aged 10 to 19 years are in the same predicament of “doing nothing”, a situation that Ms. Durrant aptly describes as failing to engage in activities that would advance one’s social position, opportunities, and connection to social institutions outside the household.

Ms. Durrant cites schooling, work and marriage as the most significant activities in which adolescents engage. These activities represent socially recognised statuses and identities (e.g., student, employee, and spouse) that confer access to such social and economic rewards as education, money, and mobility.

Ironically, however, the majority of adolescents who are “doing nothing” are in fact not idle. Many adolescent girls, for example, work long hours in the parental home. This then raises the questions: Does housework prevent girls from engaging in other activities? Do girls perform housework because there is nothing else that they are allowed to undertake?

The need to address gender disparities and gaps

Ms. Durrant’s analyses have brought to light significant gender disparities between boys and girls, as well as wide gaps between rural and urban adolescents.

Up to 22% of girls aged 15 to 19 live in a household with neither parent, largely because of a change of residence associated with marriage, compared with 4% of boys of the same age group. The tendency to speak of their illness or injury is more common among adolescent girls, although the inclination to seek treatment is more typical among boys. Boys also have greater access to health information.

Adolescent marriage remains common. More than half of the women currently in their 20s were married during adolescence compared to one-fifth of the men. One-third of adolescent girls in Pakistan become mothers before the age of 20. Girls who have illiterate mothers and who come from poor households in rural areas are likely to become wives and mothers in their teens.

Girls’ schooling is hindered by the shortage of nearby schools and qualified teachers. As Ms. Durrant points out, most parents prefer single-sex schools. In public schools, girls are taught only by women. Unfortunately, absenteeism among female teachers is common because of the restricted mobility of women in Pakistan.

Rural-urban disparities are found in education and in the workload carried out by adolescents. Although a greater number of rural adolescents work, often for long hours, compensation is less likely compared with the situation of their urban counterparts.

The need to learn more

While Ms. Durrant has brought new light on the current situation of adolescents in Pakistan, she has also drawn attention to areas where information is still lacking. Her work has now paved the way for a survey initiative by researchers in the Population Council’s Pakistan office. On the planning board is a survey of young people on issues central to adolescence. The new survey will be used to investigate, among other things, real-life activities of adolescents who are now seen to be “doing nothing.”

She stresses that in order to create programmes for adolescents, one must know what they are doing, where to reach them best, and what they need. Finding out what young people are doing with their time is vital to planning positive and effective policies and programmes for adolescents.

Contributed by Ms. Valerie Durrant, Population Council
A survey of adolescent reproductive health was conducted in the Philippines as part of the Fourth Cycle Project of the Country Programme Development entitled, *Strengthening the Management and Field Implementation of Family Planning and Reproductive Health*. The project is being implemented through the collaborative efforts of local government units and the Department of Health, with financial and technical assistance from UNFPA.

In its quantitative phase, the study determined the following: (i) knowledge, attitudes and practices of adolescents with respect to sexuality, contraception, sex education, gender issues and STDs/AIDS, (ii) prevalence of contraceptive use, drug use and risky behaviours, and (iii) incidence of teenage pregnancies, abortions and symptoms related to reproductive health. The survey sought to provide information on adolescents’ access to reproductive health care services, their rate of contraception usage, and their vulnerability to risky behaviours.

The study findings revealed interesting points on adolescent ways of thinking and behaving. “Curious” adolescents are known to have engaged in sexual/risky behaviours, including smoking, alcohol consumption, and drug use. They have also been involved in sexual harassment cases. According to the survey findings, although adolescents in general have obtained some form of sex education in their schools or from other sources, their level of knowledge is weak and requires strengthening. This draws attention to the role of family, friends and the health institutions in helping young people go through adolescence.

### Survey recommendations

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<th>(i) Provision and improvement of formal health sex education especially in schools.</th>
<th>changes during adolescence and as adolescents mature, including fertility, pregnancy, contraception, reproductive health services and so on.</th>
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<tr>
<td>(ii) Exposure of 10 to 11 year-old children to formal health sex education since some of them are known to have their first sexual experience at age 12.</td>
<td>(vi) Encourage adolescents to attend ASRH seminars with their boyfriends or girlfriends.</td>
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<td>(iii) Provision of other venues for formal sex education within the community especially for out-of-school youth.</td>
<td>(vii) Friends play very important roles, thus friendship as a concept should be included in IEC materials.</td>
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<td>(iv) Make health centres function as primary centres for learning since they are at the heart of the community.</td>
<td>(viii) Seminars for parents with adolescent children should be held to guide them concerning appropriate care at this critical stage.</td>
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<tr>
<td>(v) Make sure that sex education classes cover physical changes during adolescence and as adolescents mature, including fertility, pregnancy, contraception, reproductive health services and so on.</td>
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</table>
Over one million youth from eight selected districts in three developing countries are expected to have better knowledge of adolescent reproductive health (ARH) by February 2002, when FACTS, a sex education strategy, enters its third-year of operation. Other target beneficiaries are some 25,000 young men and women who would have learned about safe sex to protect themselves, their partners and their future families.

FACTS (the acronym for Facilitating Adolescent Communication and Training for Sexual Health) is supported by International Family Health (IFH) and the National Lottery Charities Board (NLCB, which was formerly known as Community Fund). Both are based in the United Kingdom. The project is being implemented by Worldview International Foundation (WIF) in three countries with WIF operations, these being Sri Lanka, Nepal and the Gambia. The target groups are 12,000 young people in Sri Lanka, 6,000 in Nepal and another 6,000 in the Gambia.

At the core of FACTS is the organisation of study circles that bring together adolescents and parents in a series of roundtable sessions that allow in-depth participatory communication and interaction processes.

**Facilitating the work of FACTS**

FACTS began as a pilot project in March 1999 in Gampaha District, Sri Lanka, with 80 male and female youth in the age group 18-30 undergoing training as facilitators. The group represented four youth clubs under the National Youth Services Council (NYSC) in the Sri Lankan Government.

FACTS facilitators are trained to implement the project, plan strategies to ensure gatekeeper support, develop methodologies to conduct surveys, and identify locations and target youth groups for the study circles. They canvass gatekeeper support through house visits, inviting parents to orientation meetings to discuss the need to expose adolescents to sexual and reproductive health issues as a precaution against unwanted pregnancies, STDs, HIV/AIDS and abortions.

Another primary activity is to conduct a baseline survey of families in their communities to obtain socio-economic data that are used as basis for a survey questionnaire to assess the youth's actual needs. In turn, the survey findings are used in the formulation of themes and contents for individual roundtable sessions.

The themes selected in Sri Lanka include human rights and adolescence, reproduction and reproductive system, pregnancy and abortion, family planning, STDs and HIV/AIDS, pre- and post-marital sexual relationships, youth problems and counselling, and social values and youth responsibilities.

A variety of country-specific multi-media material has been developed as communication support tools. Among these are handouts, flip charts, videos, mapping exercises, and role-playing among the roundtable participants. The facilitators are largely responsible for developing their basic contents and formats, using information gathered through the surveys.

**Lessons learned**

Two workshops to discuss the effectiveness of the FACTS Project have been held, one in Sri Lanka and another in Nepal. Lessons have been learned in the design of study circles, the nature and size of each roundtable, selection of relevant literature and multi-media material, and identification of resource persons. Major improvements are now seen in the broader knowledge demonstrated by the facilitators and their improved ability to discuss sex and reproduction-related issues in the roundtables and to conduct participatory small group discussions.

**Wider benefits**

To benefit the more vulnerable sector of the youth, study circles have been organised in poor communities. Refresher training has been offered to resource persons who have been deployed to serve in different areas.

All in all, the FACTS Project has responded satisfactorily to young people’s needs for reproductive health education. It has helped them meet crucial challenges as they approach adulthood.

**Contributed by Lal Hewapathirana, Director, Worldview Sri Lanka**

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**SRI LANKA**

**Facilitating ARH education via FACTS**

A facilitator conducting a roundtable session on the functioning of the menstrual cycle of women.
Friend Corner reaches out to Thai adolescents

The Department of Health of Thailand has come up with an innovative approach to encourage adolescents to make greater use of available counselling and reproductive health services. The approach is embodied in “Friend Corner”, a health promotion strategy that appeals readily to adolescents.

Each Friend Corner serves as a venue for adolescents to meet and exchange ideas, obtain basic information as well as counselling, health or referral services. Operated by trained and adolescent-friendly health personnel, it offers responsive strategies to tackle real-life problems of Thai adolescents.

At present, 24 provinces, including Bangkok, are participating in the Friend Corner Project.

H.E. Mrs. Sudarat Keyurapan, Minister of Public Health, presided over the Friend Corner Fair, which was held in Bangkok on 28 September. She also opened its website: www.friendcorner.net

The Fair, which was organised by the Ministry, disseminated information on the Friend Corner, especially among adolescents.

The Friend Corner Project will be evaluated in fiscal year 2002. The results will provide the basis for improvements in existing and future Friend Corners. A goal for the Ninth National Health Development Plan (2002-2006) is to increase the coverage of the project and its accessibility to adolescents in both urban and rural areas.

As part of the project’s Strategic Plan for 2002-2006, voluntary/joint implementation by different provinces will be promoted, the capabilities of health personnel will be developed so as to make them more youth-friendly service providers, adolescent participation will be further encouraged, better cooperation among local authorities and networks will be fostered, and new opportunities for the exchange of knowledge, wisdom and experience among different area networks will be created. An overall goal is to achieve a sustainable model of Friend Corner services.

Contributed by Dr. Suwanna Warakamin, Family Planning and Population Division, Department of Health

Qualitative study of a Friend Corner model

Making use of focus group discussions, research was carried out to study opinions expressed by adolescents on the effectiveness of the Friend Corner Project as an entry point for adolescent participation in the country’s health service system.

The adolescents surveyed unanimously agreed on the advantages of a “centre” or “corner” that provides health services. They suggested that these facilities should be located in areas that are frequented by adolescents and are accessible by public transportation.

In other recommendations to improve the Friend Corner, they cited the need for an attractive, warm and fresh atmosphere. A variety of activities should be conducted to meet the needs of adolescents. Health providers should be friendly and should be of the same sex as the users. Available health services for adolescents should include access to information, counselling, basic health care and referrals.

Contributed by Ms. Yupa Poonkhum and Ms. Kobkarn Mahuttano, Family Planning and Population Division, Department of Health
Profiling usage and users of emergency contraceptive pills in Thailand

An urgent need to disseminate more information on emergency contraceptive pills was cited by the majority of physicians participating in a study of emergency contraceptive usage among the Thai people. The study also examined the knowledge, attitude and experience of both sellers and users of emergency contraceptive pills.

The study included 103 physicians, 381 sales staff in drugstores that sell emergency contraceptive pills, and 3,250 buyers. Data collection was undertaken from 15 May to 15 June this year in 19 provinces from Thailand’s four regions.

About half of all physicians agree that emergency contraceptive pills can be prescribed not only by physicians but also by trained drugstore staff. About 72.5% agree that the use of emergency contraceptive pills would help to reduce the incidence of abortion. Up to 91.2% advised that emergency contraceptive pills should be provided, within 72 hours, to women who have been victims of rape.

Profiling the buyers of emergency contraceptive pills, the research findings show that over half are males (57%). About one-third of all buyers are between the ages of 20 and 24 years. Half of them are single, while 15% are not married but are living with their partners. About 42.7% buy emergency contraceptive pills for their partners or lovers, while 42.6% buy these for themselves. About half (52.2%) know about the pills from friends, drugstore staff, and their partners or lovers. About 26% of the buyers are students and 24.3% are employees.

Almost all physicians (96.1%) agree that in order to promote safe use of emergency contraceptive pills, as well to boost improvements in reproductive health, family planning services in government-run facilities should be extended to both married and single women.

Contributed by Ms. Sumalee Permpangpun and Ms. Supawan Chetuwong, Family Planning and Population Division, Department of Health

VIET NAM

On the air: ARH counselling for Vietnamese adolescents

Although adolescents aged 10-19 account for 22.5% of Viet Nam’s total population, their concerns, including those pertaining to sexual health problems, do not always receive proper attention. The majority of Vietnamese adolescents are known to have poor knowledge of sexual health, family planning, and STD/HIV/AIDS.

Current statistics present a disturbing scenario. About one in five women seeking abortion is a teenager. Adolescents now account for nearly 8% of all HIV cases in the country. Recent surveys show an increasing number of young people engaging in premarital sexual relations.

A four-year project, Counselling Support for the Broadcast on Adolescent Reproductive Health, hopes to rectify the situation by improving the capacity of the Youth Union, the Voice of Viet Nam, the Hanoi Broadcasting Radio, and the Voice of Ho Chi Minh City in providing counselling and education services on sexual and reproductive health for Vietnamese adolescents. It also aims to provide direct counselling services on ARH via broadcast radio.

Signed on 22 August, the project has a total budget of 319,132 USD provided by the Danish International Development Assistance-Danida, with technical assistance from UNFPA in Viet Nam.

Window of Love

A powerful medium for the project is a radio programme known as the Window of Love. On the air for the past two years, the programme is produced by the Youth Union and the Voice of Viet Nam and funded by UNFPA. It is broadcast every Sunday from 10 a.m. to 10:30 a.m.

Particularly popular among Vietnamese adolescents, the Window of Love airs information and counselling on sexual and reproductive health and other related issues. Adolescents are welcome to telephone programme counsellors to discuss physical and psychological problems related to puberty, reproductive rights and issues, pregnancy, STDs, HIV/AIDS, friendship, love, marriage and family, and attitude towards social issues.

Window of Love has grown in popularity since its launch. From 1999 to 2001, it transmitted 104 times and received thousands of calls and 10,000 letters. Efforts are now being carried out to expand the programme’s coverage so as to meet the growing need for information and counselling on sexual and reproductive health among Vietnamese adolescents and other age groups.

As complementary improvement measures, the Youth Union is seeking to obtain further training in counselling skills for programme counsellors and equipping them with up-to-date knowledge of sexual and reproductive health.

Credit: UNFPA, Hanoi, Population Research Consultants (POPCON)
An adolescent’s window to the world

In a real sense, Window of Love has become a window to the world for many young people in Viet Nam. As early as a year after its launch, the Window of Love began showing signs of success, according to a survey of seven provinces/cities. The respondents cited it as an important source of knowledge that aims to make positive changes in their reproductive health attitude and behaviour. In particular residents in rural areas, where knowledge of reproductive health is poor, have benefited tremendously.

A vital element has been the development of trust between the target audience and the programme’s psychologists and doctors. However, there is still room to improve the programme’s management, production, and administration and make Window of Love an even more powerful medium.

Some salient recommendations

✦ Integrate Window of Love into other RH programmes.
✦ Intensify advertising to increase public awareness.
✦ Encourage support of agencies engaged in RH activities.
✦ Select contents that truly meet ARH needs and maintain well balanced presentation of the real meaning of love and friendship, alongside lessons on human physiology particularly in relation to safe sex.
✦ Handle sensitive questions properly and classify them between those that can be answered on air and those that require confidentiality.
✦ Emphasise both educational and psychological contents and stress counselling that is oriented towards RH service delivery.
✦ Conduct relevant training on a continuing basis for the programme’s organisers.
✦ Upgrade equipment and facilities to enhance cooperation with the Voice of Viet Nam and facilitate extension of the programme’s coverage.
✦ Explore the provision of a toll-free number for listeners, thus enhancing cooperation between the Voice of Viet Nam and the General Post Services.
✦ Develop a management information system (MIS) to ease the programme’s management and to provide the government and donors a wealth of information on the real needs for improving ARH knowledge.

Developing youth-targetted IEC materials on ARH and HIV/AIDS

IEC materials on ARH and HIV/AIDS produced by the Youth Union, with funding support from the Government and international organisations, have greatly improved young people’s understanding of reproductive health and HIV/AIDS. However, there remains a need to integrate communication and education and current IEC materials on HIV/AIDS.

At a workshop entitled, Developing IEC Materials on ARH and HIV/AIDS Prevention for Youth at Community, Ms. Paulina Denise Howfield, a communication specialist with Family Planning Australia Inc. (FPA), discussed methods and skills for developing IEC materials with reference to FPA materials and video tapes. Working on themes and types of materials appropriate for the youth, she guided the participants in developing messages and slogans for each theme and exposed them to skills needed in material development, target audience identification, and the composition of key messages.

The workshop was held on 19-20 June by the Population-Environment-Education Centre of the Youth Union in collaboration with FPA and Population Development International. The workshop was held as an activity under the project, Establishing Life Skills Teams: Education about ARH and HIV/AIDS Prevention Among the Youth.

Exchanging experiences in ARH education

A seven-member delegation from Laos visited Viet Nam on 5-12 August to exchange experiences in ARH education with key government offices and organisations and to discuss models for communication activities to raise ARH awareness.

The delegation visited the Youth Union, the National Committee for Population and Family Planning (NCPF) to discuss the national population strategy, the National AIDS Committee and the Viet Nam Family Planning Association to discuss its role in adolescent education and communication activities.

Study tours of reproductive health centres for the youth in Hanoi and Quang Ninh exposed the delegation to RH services provided to young persons and intervention ARH models at the community level. The delegation was briefed on UNFPA’s support to the country’s ARH education programme.
Through youth participation, a community health programme run by Health Unlimited in Siuna, Nicaragua, has created greater health awareness among young people and given them wider access to health education.

Known as the Youth Health Promoters (YHP) Programme, it has improved the delivery of sexual health care and education to adolescents and young adults in Siuna.

The story goes back to YHP’s inception in 1993 in the municipality of Siuna, an event that coincided with the first phase of the Siuna Community Health Project. A workplan, based on the UNESCO/WHO curriculum for Mother and Child Health and Primary Health Care, facilitated the programme’s implementation in 1998. Training facilities were established and students and schools participating in the YHP were chosen from selected project areas in 20 new communities.

Because of Siuna’s poor infrastructure and lack of essential services, such as clean water, health care and education, community self-help has always been regarded as a central factor in the area’s development. Siuna has an area of 6,000 sq. km. in the forested hills of the northern border of Nicaragua and a population of 64,000, 94% of whom depend on subsistence farming. The collapse of the mining industry in the late 1970s and the ensuing civil war left the region economically and socially devastated.

Training of YHP participants covered such topics as gender equality, sexual reproductive health and family planning. Issues that were traditionally considered taboo, including STIs and sexual abuse, were included in the curriculum. The results of the YHP training are reflected in the students’ overall school examination scores.

In Siuna, radio shows are a popular form of entertainment. They also serve as an effective means to reach young people and address their sexual health concerns. To target rural families, YHP staff members have produced a radio programme Promoviendo la Salud (Promoting Health).

To find out more about the Youth Health Promoters Programme, visit www.healthunlimited.org/newsroom/features/yhp_jun01.html

Credit to Livvy Fernandes, Publicity Assistant, Health Unlimited, London

Nicaraguan youth learn from one another

Yelba, 16 and a trained YHP for the past two and a half years, is in her fourth year at the Roger Lopez Secondary State Institute, one of two secondary schools in the municipality.

Her family moved to Siuna town at the height of the Contra War. During that time, they lived off their land; however, constant attacks by the Contra Army forced them to leave.

An optimist, Yelba is quick to see the sunny side of life. “Although I was born in the town, I consider myself a rural girl. Because of the war, my grandfather, a landowner, was forced to send me and my family to Siuna town. He stayed behind but was unable to continue farming and had to rely on us for his food.”

Yelba feels that the YHP training has been crucial to her development. When she joined YHP, Yelba was interested to know more about topics that no one ever spoke about, like sexual and reproductive health. “Before my training, I had no idea what equality between men and women meant. I felt ashamed to discuss sexual issues. Now, I can address large audiences, although I still feel a little bit awkward at times. But my peer students really respect me for what I know. I feel proud to have helped bring about positive changes in my peers’ attitudes to safe sex and in their respect for their partners.” By providing advice and counselling, Yelba has made her peers more self-confident and has helped them to “discover and understand the different stages of life”.

Adds Yelba, “My mother and father are proud to hear me on the radio. I would like to be a journalist one day and so I take the radio programme that I am working for very seriously.”

Yelba makes very productive use of her training to produce radio programmes that incorporate sounds from natural surroundings, like the sounds of birds and animals, water, rain and the wind.

Indeed, Yelba is one happy YHP.
New insights into promoting young people’s sexual and reproductive health

An internal policy paper, released in August 2001 by the Ministry of Youth Affairs of New Zealand, offers insights into a new sexual and reproductive health strategy that has been developed by the Ministry of Health. The strategy responds to the needs of Maoris, the Pacific peoples and all young people, and addresses the issues of sexual abuse, STIs, HIV/AIDS, and unintended pregnancy. Over the past five years, the age group 20-25 has accounted for the highest incidence of abortions and STIs. In 1999, over 60 per cent of all diagnosed cases of gonorrhoea, chlamydia and genital warts were among people under 25 years of age.

Attention is now also being called to other issues that impact on young people’s sexuality. These include the strong likelihood that most women who had sex at a young age were victims of forced sex and the common belief that homosexuality is linked to the incidence of youth suicide.

Positive and holistic youth development

A positive and holistic approach to the development of young people equips them with skills and attitudes that encourage their active participation in society now and in the future, particularly in matters that affect their well-being.

Developing skills, feeling valued and having hopes for the future are integral to young people’s social, emotional and spiritual development. As members of society, they need to be in possession of a stable identity and to have a sense of control over their lives.

Positive youth development occurs in four interconnected social environments: family, ethnic and geographic communities, schools and workplaces, and peer groups.

Youth development programmes take many forms and offer a wide range of opportunities and support systems. In many cases, they enhance the capacity of families, schools, peers, employers and other community groups to support young people and maintain connections with them.

Four interconnected social environments

Family

The family exerts the greatest influence on young people. Parents and guardians provide most of the support, encouragement and guidance that young people need. It is very important that they take an active role in helping their children to develop positive attitudes towards sexual and reproductive health.

Figure 1: Positive youth development – a young person who is connected

- SELF CONFIDENCE
- ABILITY TO COPE WITH CHALLENGES
- HELP SEEKING BEHAVIOUR
- PRODUCTIVE WORK HABITS
- DESIRE TO LEARN
- INTEGRATION WITH CULTURAL GROUPS
- INVOLVEMENT IN SPORTS
- HEALTHY BEHAVIOUR/LIFESTYLE
- SUPPORTIVE GROUP OF FRIENDS
- INTEGRATION WITH CULTURAL GROUPS
- INVOLVEMENT IN SPORTS
- HEALTHY BEHAVIOUR/LIFESTYLE
- SUPPORTIVE GROUP OF FRIENDS

Family/Whanau

Peer Group

School/Workplaces

Ethnic/Geographic Communities

Hobbies, Skills, Interests

Sound Identity

Good Social Skills

Involvement with Cultural Groups

Healthy Behaviour/Lifestyle

Desire to Learn

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Schools and workplaces

Schools provide a warm and safe environment, set high standards for the students, respond positively to their learning needs, and present opportunities that encourage respect for other cultures. Schools should be well integrated with the community and well-linked with local employers to secure job opportunities for their graduates.

Workplaces motivate young workers to learn new skills, form new social connections, and so on.

Community

The community offers opportunities for young people to socialise, be of service, maintain cultural practices, and strengthen their identity by mixing with others, supporting families and participating in recreational and spiritual activities.

Peer groups

Peer groups provide young people with friendships, role models, support and feedback. They create opportunities that test a young person’s decision-making skills. Peer groups assume an important dimension for young people with poor connections with their social environments.

Youth development approach to promote sexual and reproductive health

A youth development approach to sexual and reproductive health is seen to be effective and relevant to present-day needs. It helps young people to develop life skills that address the causes, not just the symptoms, of their problems. This enables them to recognise that teen pregnancy, STIs and drug/alcohol abuse and related problem are perhaps symptoms of young persons’ ‘disconnectedness’ to their social environments.

Sexuality

An ideal sexual and reproductive health strategy incorporates the four interconnected social environments, uses multiple and coordinated initiatives and offers opportunities for young people to participate in identifying their own needs (alongside appropriate support and interventions) and in managing, monitoring and evaluating relevant initiatives.

The role of parents

Very often parents’ own experience of growing up are not similar to those of their children and may therefore constrain the parents’ awareness and understanding of young people’s needs. Ideally, parents should have access to relevant and factual information that would guide them in handling problems faced by their children and by young people in general.

The sexuality curriculum in New Zealand schools enables parents to participate in their children’s sex education. One way of doing this is by assigning homework that are designed to increase the parents’ understanding of their children’s problems, initiate and encourage open communications in the family about sex and sexuality, and increase the parents’ ability to discourage their children from negative behaviour.

Parent-child communication that is open and comfortable motivates the children to discuss sexuality and sex risks with their partners and reduces pressure to conform with their peers on sex and sexuality matters. However, communication is less effective when parents lack the skill or knowledge to talk to their children and are unable to find an appropriate time and place for parent-child communication. Some parents may feel embarrassed and afraid that they would not be taken seriously and that they would not have the right answers to their children’s questions.

Community

It is important that cultural protocols are respected as ethnic/cultural backgrounds are associated with the importance that young people attach to the role of the community.

The community needs to provide as many positive opportunities as possible so that young people can develop the skills that they need to participate actively in society. These include appropriate and accessible
services offered by community groups to young people. Church groups and service providers are particularly helpful in guiding and supporting parents, families and schools, as well as in involving young people in the development and monitoring of community activities.

**Schools and workplaces**

Young people need to be involved in planning the curriculum and identifying their needs for information and skill development. A programme that takes young people’s views into account is likely to be more effective in making young people feel valued and more connected to their school.

Gender impacts on young people’s needs. The needs of young women differ from those of young men who are expected to be less emotional, to be more knowledgeable about sex, and to have engaged in early sex to prove their heterosexuality.

In some instances, separate classes for young men and young women are encouraged so that sensitive issues can be addressed better. In some cases it maybe appropriate to have female students taught by female teachers and male students by male teachers.

**Support for teachers**

Teaching sexuality education is a critical role for teachers and not an extra chore that no one else wants to undertake. Teachers who are selected as providers of sexuality education should have appropriate skills and resources. Their training should cover the content and implementation of a sexuality education programme, as well as their own values, morals and experiences and how these may impact on providing sexuality education.

Common concerns that have setback sexuality education should be addressed. These include the lack of resources, difficulties in implementing the new curriculum, and lack of confidence in their ability to deliver sexuality education.

**Peers**

Two new approaches involving peer supporters and peer educators have been used to impart knowledge and skills.

**Peer supporters** are young people who are trained to provide information on contraception, STIs, sexual orientation, and related topics, and to facilitate access to agencies that offer specialised help. Peer groups also hold formal talks and serve as referrals for individuals or groups seeking information.

**Peer educators**, usually in their late teens or early twenties, are trained to run more formal educational programmes. Some of them work in their assigned schools on a regular basis.

**Achieving a balance**

A debatable issue concerns the age at which sexuality education begins and ends. The predominant belief is that early reproductive health and sex education, covering contraception, safe sex and strategies for delaying sex, are young people’s best preparation for making informed decisions. Some young people are known to have engaged in sex without any knowledge or reliable information about the consequences of sexual intercourse.

Special strategies to reach out-of-school youth should be devised and implemented. Some of them may have the greatest need for access to factual information and community services and maybe the most at risk. Where appropriate, strategies for reconnecting young people to schools should be seriously considered.

**Factors that affect the effectiveness of sexuality education**

- selection of teachers or peers who believe in the sexuality education programme and in their training
- clarity of focus on reducing one or more negative sexual behaviours that lead to unintended pregnancy or HIV/STIs
- inclusion of behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience, and cultural background of the students
- application of effective theoretical approaches that could influence health-related risky behaviours
- provision of a sufficient time frame to complete important activities adequately
- access to basic and accurate information about the risks and prevention of unprotected sexual intercourse, and
- inclusion of activities that address social pressures on sexual behaviours.

**Specialist youth services**

Specialist youth health services offer distinct advantages in the provision of assistance and information and may come in the form of:

**School-based clinics** that provide reproductive health services combined with multi-component interventions, including education and counselling.

**One-stop shops** that provide a wide range of services under one roof. Typically, young people who have problems concerning sexual and reproductive health will also need help in related areas, including emotional stress and mental health issues.

Credit: Ministry of Youth Affairs, New Zealand
Nickelodeon and Talking with Kids
c/o Kaiser Family Foundation
2400 Sand Hill Road, Menlo Park, CA 94025 USA
or Nickelodeon, P.O. Box 929, New York, NY 10108 USA
Toll free hotline: 1-800-CHILD 44

Nickelodeon and Talking with Kids, an on-going campaign of the Kaiser Family Foundation and Children Now, have teamed up to offer suggestions to help parents and children talk together about tough issues, including i) sex and puberty, ii) violence, iii) tobacco, alcohol and drugs, and iv) respect. The practical suggestions are based on consultations with parent-child communication experts, research, and conversations with parents and children.

Talking “sex” with a fourth grader is different from talking “sex” with teenagers. Some parents feel uncomfortable when talking about sex with children who are of the opposite gender. There are ways to make it easier. A single mother of a son can turn to books for help or ask her doctor for advice. To start talking about HIV/AIDS, find out what children know about the illness and make sure that they feel safe and know the facts.

Violence in neighborhoods and even in schools can be overwhelming. Show the children that they do not have to face prevention of STIs. This handbook stresses that all contraceptive methods are medically safe for adolescents, although some may be more appropriate for them than others, that reproductive health is a lifelong process, that young people view sexual issues in the context of the larger social, cultural and economic climate, and that AIDS is a real threat to young people.

There are two sections. Section I provides background information on adolescents’ needs and technical information on contraception, STIs and HIV/AIDS. Section II focuses on service delivery, particularly counselling.

The chapters in Section I are as follows: 1 Adolescents: An Underserved Population; 2 Barriers to Good Reproductive Health Care; 3 Preventing Pregnancy; 4 Preventing Sexually Transmitted Infections; 5 Preventing HIV/AIDS.

Section II begins with Chapter 6 Counselling Young People about Reproductive Health; followed by 7 Counselling Victims of Sexual Violence or Coercion; 8 Youth-friendly Programmes; 9 Creating a Referral Network.

Questions to help health care providers and programme managers are provided at the end of each chapter.
We welcome your comments, suggestions and contributions. Please address your correspondence to the Regional Clearing House on Population Education and Communication of UNESCO Asia and Pacific Regional Bureau for Education, Bangkok with funding provided by UNFPA, under Project RAS/00/PG4.

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CREDITS:

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Across the Globe:
Nicaragua text by: Livvy Fernandes, Publicity Assistant, Health Unlimited, London, United Kingdom.

Best Practice:
Ministry of Youth Affairs, New Zealand.